

<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">A</div> CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">16/665943</div>		Filing Date 	
							Applicant(s) 			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*	
1							51					
2							52					
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42							92					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Depend							Depend					
Total							Total					
Claims							Claims					